

**SUPPLEMENTAL QUESTIONNAIRE**  
**MASTER'S LEVEL CLINICAL/CASE WORKER**  
*(CLIENT SERVICES PRACTITIONER I)*

NAME: \_\_\_\_\_

(Last) (First) (Middle Initial) Social Security Number

**Submit this completed supplemental questionnaire together with your application form. Based on your responses to this supplement, your job-related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list.**

**APPLICATIONS SUBMITTED WITHOUT A COMPLETED SUPPLEMENTAL QUESTIONNAIRE  
WILL NOT BE CONSIDERED.**

**NOTE: Licenses, resumes, letters, and other materials will NOT be evaluated or considered by the rating panel as responses to the items in the supplement.**

**THIS IS A TWO-SIDED DOCUMENT WITH TWO SEPARATE PARTS. PLEASE COMPLETE THE QUESTIONS ON BOTH SIDES OF THIS PAGE.**

## PART 1

Please check YES, NO, or WOULD CONSIDER to specify whether or not you are interested in working in any of the programs listed below.

PROGRAM	YES	NO	WOULD CONSIDER
<b>ACCESS</b>  Providing intake and crisis intervention services, including mental health and child protective services, to adults and children in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADULT SYSTEM OF CARE</b>  Providing case management and treatment services for mental health, substance abuse and social services programs for adults in the community. Focus to include assessment, brief services, and on-going treatment for adults and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHILDREN'S SYSTEM OF CARE</b>  Providing case management and treatment services across child welfare, mental health, juvenile justice and school-based programs to include emergency and on-going services for families in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PART 2**

Please answer each numbered item separately, attach your responses to this supplemental questionnaire, and submit them together with your application form. You may use your field placement, practicum, internship, and/or other experience to answer the following questions. Please include thorough descriptions of your duties, responsibilities, client population served, services provided, and the organization where you performed these duties in your responses.

<b>Job-Related Training &amp; Experience</b>
1. Please describe your experience with interviewing, assessment, and/or initial diagnosis.
2. In addition to the duties described in Question 1, please describe your experience working with a caseload and providing direct service.
3. Please describe your experience performing crisis intervention duties.
4. Please describe your experience coordinating and collaborating with public and/or local community organizations, including multi-cultural groups, to facilitate comprehensive client treatment.

Do you possess licensure as a Licensed Clinical Social Worker (LCSW) or Marriage & Family Therapist (MFT) by the State of California Board of Behavioral Science Examiners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess licensure as a Licensed Clinical Social Worker (LCSW) or Marriage & Family Therapist (MFT) issued by a licensing board in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that all the statements made in this application supplement are true, complete, and to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_